REPORT OF INSPECTION FOR BED AND BREAKFAST ESTABLISHMENT

FLOYD COUNTY HEALTH DEPARTMENT

Based on an inspection this day the item(s) circled below identify violation(s) of Rule 410 IAC 7-15.5.

The time limit for correction of each violation is specified in the narrative section of this report.

Name of owner RON SM	ITH		1	ام Name	f establish	nment		ρ. ρ	0 . 1	10	_		MENU	
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Address (number, street, city, state, ZIP code)					lTe			ephone number 2-725- 9186			E995			
1003 E. Market St						81				ζ- `	1186	pancak	res	
ESTABLISHMENT I.D.			ATE			NUMBER PURP						'		
COUNTY DISTRICT TYPE EST. NO.			MO.	DAY		OMS.	1 - Regu		Comp					
Floya 22	84	22	03	07	2 4		3 - Follo 5 - Stand	w-up dardization \		Other				
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ITEM	ICALITE		T	NIIF	ED BY A) AND LAI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ZED	WEIGHI	NUMBERS		
FOOD		WT.	477	A	e thermometers and chemical test kits			WT.	TOU	ET AND MA	ITEM		WT.	
* 01 Food from approved sources and in sound condition with no spoilage.		5	17	provide	d and used			1	*31	DILET AND HANDWASHING FACILITIES Adequate number properly designed and installed. Facilities convenient and accessible.		designed and installed.	4	
02 Food containers properly labeled.		1		18 Equipment and utensils preflushed, prescraped and prewashed as needed. 1 32 Toilet room properly enclosed.							ed. Fixtures in good repair	2		
FOOD PROTECTION *03 Potentially hazardous foods meets temperature requirements during storage, preparation, display and service.				proper temperatures. 2 provided.								s, and waste receptacles		
* 04 Facilities adequate to maintain product temperature provided.			1	proper temperature or with proper chemical concentration. Exposure time adequate. Equipment and utensits properly sanitized. 4 and utensits properly sanitized.							rodents. Number of	2		
05 Accurate thermometers provided and properly located.		1	21	21 Wiping cloths clean, restricted to appropriate uses. 1 34 Outside storage areas and-enclosures proconstructed and clean.							enclosures properly	1		
06 Potentially hazardous food properly thawed.							uipment and d abrasives.	utensils	2/	INSE	CT, RODE	NT, AND OTHER	ANIMAL	
* 07 Cross-contamination of food prevented.				23 Nonfood-contact surfaces of equipment and utensils (*35 No evidence of insects							ce of insects or ro	dents present and outer	4	
08 Food adequately protected during storage,		2		clean.					+/-	1	present.	dequately protected. No other animals		
preparation, display, service, and transportation.			24 Clean equipment and utensils properly handled and stored.					1	FLO	ORS, WALL	S, AND CEILING	IGS 5 installed, drained. 1		
09 Handling of food (including ice) minimized.									1	1 "	36 Ploérs properly constructed; installed, drained, maintained in good repair and clean. 37 Walls, ceilings and attached equipment properly constructed, installed, maintained in good repair and			'
10 In use food (including Ice) dispensing utensils properly stored.		1	used.					+-	37	1				
PERSONNEL * 11 Personnel with infections effectively restricted.		5	WAT	WATER *27 PUBLIC SUPPLY PRIVATE SUPPLY Source approved and sufficient supply (hot and cold) under pressure provided. LIGHTING 38 Lighting provided as required. VENTILATION							- January Company			
* 12 Hands clean and good hygiene practiced. Tobacco use and food consumption only in designated areas.		5] "'								ovided as require	d.	1	
13 Clean outer clothing.		1	<u> </u>	SAMPL	E TAKEN			<u> </u>		39 Rooms and equipment vented as required.			1	
FOOD EQUIPMENT AND UTENSILS 14 Food contact (including ice) surfaces properly		2		SEWAGE *28 PUBLIC SYSTEM ☐ PRIVATE SYSTEM ☐			4	OTHER OPERATIONS 40 Cleaning and maintenance equipment properly stored.			1			
designed, constructed, located, installed and maintained.				sanitary		nd waste water disposal adequate and				*41 Toxic Items properly stored, labeled, and used. Only necessary toxic items on hand.			5	
15 Nonfood-contact surfaces properly designed, constructed, located and maintained.		1		PLUMBING 29 Properly installed and maintained 42 Premises free of litter and u 43 Occupancy register mainta								1		
16 Dishwashing facilities properly designed, constructed, located, installed, maintained, cleaned and operated.		2	*30 No cross-connections, effective backsiphonage and backflow prevention devices installed.					5	44	Clean and	d soiled linen properly stored. Laundered adequate sheets.			
ITEM NO. WT.			REMARKS							.L			TO BE CORRECTE	ED BY
35 4 0)680-V4	e/l	d	ried	м	ice	Fece	(l)n	der		inK	,,,	1-day	
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	1													
	MOST F	OODB	ORNI	EILLN	ESSES	ARE C	AUSED	BY NONCO				TEM #3		
FOLLOW-UP ACTION:		RATING SCORE:												
Reinspection								("10	("100" Less weight of items violated) [9]6					
Recieved by (name and title)					Inspe	cted by	y (name	and title)					PAGE 1 OF	
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	QUE	OITE	NS OF	RON	MENTS	?	PLEA	SE CALL	AC	812	948-472	26		